			United	United States Environmental Protection Agency Washington, DC 20460					Work Assignment Number 3-39			
	EF	PA		Work Assignment					1			
								Other Amendment Number:				
Contract Number   Contract Period 09/16/2014 To 09/15/2019								Title of W	ork Assianr	ment/SE Site Nam		
	-14-03	2						Title of Work Assignment/SF Site Name Bldg Reg Capacity				
Base Option Period Number 3  Contractor Specify Section and paragraph												
INDUSTRIAL ECONOMICS, INCORPORATED 12,14												
Purpose: X Work Assignment Work Assignment Close-Out								Period of Performance				
Work Assignment Amendment Incremental Funding												
Work Plan Approval								From 09/16/2017 To 09/15/2018				
Comments:												
THE WORK ASSIGNMENT INCLUDES 100 THE WORK ASSIGNMENT. THE CONTRACTOR SHALL PROPOSE THE HOURS NECESSARY TO												
COMPLETE ALL TASKS. NO PREVIOUSLY PERFORMED WORK SHALL BE DUPLICATED. SEE ATTACHED SOW.												
A==P A P P												
Superfund Accounting and Appropriations Data										Χ	Non-Superfund	
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.  (Max 2)												
(IVIAX 2	(Max 2)											
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Eleme (Max 9)	ent Object Class (Max 4)	s Amount (I	Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code	
1												
2												
3												
4												
5									•			
Authorized Work Assignment Ceiling												
Contract Period: Cost/Fee: LOE:												
<u>09/16/</u> 2014 τ₀ 09/15/2019											-	
This Action:												
<del></del>												
Total:												
Work Plan / Cost Estimate Approvals  Contractor WP Dated: Cost/Fee L									LOE:			
								LOE:				
Camada o Applotod.								T				
Work Assignment Manager Name Neal Fann								Branch/Mail Code:				
									Phone Number: 919-541-0209			
(Signature) (Date)								FAX Number:				
Project Officer Name Carolyn Blake								Branch/Mail Code:				
								Phone Number: 919-541-5256				
(Signature) (Date)								FAX Number:				
Other A	gency Offic	ial Name					Bra	Branch/Mail Code:				
									Phone Number:			
(Signature) (Date)									FAX Number:			
Contracting Official Name Natalia Fisher-Jackson									Branch/Mail Code:			
								Phone Number: 919-541-3564				
(Signature) (Date)								FAX Number:				